

## **Program A: Medical Vendor Administration**

### **PROGRAM DESCRIPTION**

The mission of the Medical Vendor Administration Program is to administer the Medicaid Program and insure operations are in accordance with federal and state statutes, rules and regulations.

The goals of Medical Vendor Administration Program are:

1. To process claims from Medicaid providers in accordance with state and federal regulations.
2. To process Medicaid applications in accordance with state and federal regulations.
3. To annually license and survey health care facilities providing services to Louisiana citizens.
4. To enroll and provide healthcare coverage for uninsured children under LaCHIP according to the state plan.

The Medical Vendor Administration Program includes the following activities: Medicaid Management Information System, Medicaid Eligibility Determinations, Program Integrity, and Health Standards and other executive management sections.

### **OBJECTIVES AND PERFORMANCE INDICATORS**

Unless otherwise indicated, all objectives are to be accomplished during or by the end of FY 2001-2002. Performance indicators are made up of two parts: name and value. The indicator name describes what is being measured. The indicator value is the numeric value or level achieved within a given measurement period. For budgeting purposes, performance indicator values are shown for the prior fiscal year, the current fiscal year, and alternative funding scenarios (continuation budget level and Executive Budget recommendation level) for the ensuing fiscal year (the fiscal year of the budget document).

1. (KEY) Through the Medicaid Management Information System, to operate an efficient Medicaid claims processing system by processing at least 98% of submitted claims within 30 days of receipt and editing 100% of nonexempt claims for Third Party Liability (TPL) and Medicare coverage.

Strategic Link: This objective implements Goal I. Objective I.2 of the revised strategic plan: *Through the Medicaid Management Information System activity, to operate an efficient Medicaid Claims processing system by editing 100% of nonexempt claims for Third Party Liability (TPL) and Medicare coverage.* This objective also implements Goal 1, Objective 1.1 of the revised strategic plan: *Through the Medicaid Management Information System, to operate an efficient Medicaid Claims processing system by processing at least 98% of submitted claims within 30 days of receipt.*

Explanatory Note: TPL refers to "Third Party Liability." The Bureau of Health Services Financing is required to identify all claims for which third party insurance exists and where applicable, make a reduced payment based on what the third party insurance pays. Certain Medicaid claims are exempt from the initial edit for TPL. In those instances the agency may pay the full amount allowed under the agency's payment schedule for the claim and then seek reimbursement from the liable third party. This process is known as "pay and chase." Exempt claims include those for labor and delivery, postpartum care, prenatal care, preventive pediatric services, and pharmacy services. As Medicaid claims are processed those that are exempt from TPL are identified. The remaining claims are referred to in the General Performance Information table as the "number of claims available for TPL processing."

L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1999-2000	ACTUAL YEAREND PERFORMANCE FY 1999-2000	ACT 11 PERFORMANCE STANDARD FY 2000-2001	EXISTING PERFORMANCE STANDARD FY 2000-2001	AT CONTINUATION BUDGET LEVEL FY 2001-2002	AT RECOMMENDED BUDGET LEVEL FY 2001-2002
K	Percentage of total claims processed within 30 days	98%	98%	98%	98%	98%	98% <sup>4</sup>
S	Average processing time in days	9	9	9	9	9	9 <sup>4</sup>
K	Number of TPL claims processed <sup>1</sup>	3,190,000	4,435,934	4,550,000	4,550,000	4,550,000	4,550,000 <sup>4</sup>
K	Percentage of TPL claims processed through edits <sup>2</sup>	Not applicable <sup>3</sup>	100.0%	100.0%	100.0%	100.0%	100.0% <sup>4</sup>
S	TPL trauma recovery amount	\$5,040,000	\$5,551,384	\$5,040,000	\$5,040,000	\$5,040,000	\$5,040,000 <sup>4</sup>

<sup>1</sup> The "number of TPL claims processed" refers to the portion of those claims requiring processing for which third party insurance or Medicare coverage was actually available/applicable.

<sup>2</sup> The "percent of TPL claims processed through edits" is the percent of TPL claims processed for which the Bureau of Health Services Financing reduced payments, or avoided full Medicaid payment.

<sup>3</sup> This performance indicator did not appear under Act 10 of 1999 and therefore has no performance standard for FY 1999-2000.

<sup>4</sup> Figures in the Recommended Budget Level column reflect performance standards at a continuation level of funding. The Department of Health and Hospitals will, after sufficient time for analysis of the recommended budget, request an amendment to the Appropriations Bill to correct the performance standards.

GENERAL PERFORMANCE INFORMATION: CLAIMS PROCESSING					
PERFORMANCE INDICATOR	PRIOR YEAR ACTUAL FY 1995-96	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99	PRIOR YEAR ACTUAL FY 1999-00
Total number of claims processed <sup>1</sup>	40,612,108	39,111,873	37,702,094	38,659,305	39,914,974
Percentage of claims processed within 30 days <sup>1</sup>	99.5%	98.3%	99.0%	98.2%	98.0%
Number of claims available for TPL processing	26,942,221	25,211,042	23,459,482	23,699,339	24,323,895
Number of TPL claims processed	5,270,709	4,810,782	4,307,087	4,507,518	4,435,934
Percentage of TPL claims processed and cost avoided <sup>2</sup>	12.9%	12.3%	11.4%	11.7%	11.12%

<sup>1</sup> In previous fiscal years and in LaPAS, the number reported was actually for "claims paid." The number has been corrected. It is expected that there will be approximately 39,045,899 claims processed in FY 2000-2001. This former indicator is being reported as general performance information now because it is a number which the Bureau of Health Services Financing has no control, i.e., it represents all claims that are submitted by billing entities.

<sup>2</sup> The "percent of TPL claims processed and cost avoided of the total number of claims processed" is the number of TPL claims processed divided by the total number of claims.

2. (KEY) Through the Medicaid Eligibility Determination activity, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing 95% of applications timely.

Strategic Link: The objective implements Goal II, Objective II.1 of the revised strategic plan: *Through the Medicaid Eligibility Determination, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing 99% of applications timely.*

Louisiana: Vision 2020 Link: Not applicable

Children's Cabinet Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Other Link(s): Not applicable

Explanatory Note:

L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE	ACTUAL YEAREND	ACT 11 PERFORMANCE	EXISTING PERFORMANCE	AT	AT
		STANDARD	PERFORMANCE	STANDARD	STANDARD	CONTINUATION	RECOMMENDED
		FY 1999-2000	FY 1999-2000	FY 2000-2001	FY 2000-2001	BUDGET LEVEL	BUDGET LEVEL
						FY 2001-2002	FY 2001-2002
K	Percentage of applications processed timely	99.0%	99.73%	99.0%	95.0%	95.0%	95.0% <sup>1</sup>
S	Number of applications processed timely	259,257	286,838	249,500	282,714	282,714	282,714 <sup>1</sup>

<sup>1</sup> Figures in the Recommended Budget Level column reflect performance standards at a continuation level of funding. The Department of Health and Hospitals will, after sufficient time for analysis of the recommended budget, request an amendment to the Appropriations Bill to correct the performance standards.

# GENERAL PERFORMANCE INFORMATION: APPLICATIONS

PERFORMANCE INDICATOR	PRIOR YEAR ACTUAL FY 1995-96	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99	PRIOR YEAR ACTUAL FY 1999-00
Percentage of applications processed timely	97.3%	99.0%	99.1%	99.6%	99.73%
Number of recipients eligible for program	817,897	779,142	757,040	775,787	771,380
Average number of recipients per month	630,129	599,724	574,793	578,871	620,999
Number of applications taken annually	Not available <sup>1</sup>	Not available <sup>1</sup>	215,292	239,037	287,594
Number of application centers	Not available <sup>1</sup>	Not available <sup>1</sup>	534	534	675

<sup>1</sup> Comparable data were not maintained during these time periods.

3. (KEY) Through the Health Standard activity, to perform 100% of required state licensing and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid.

Strategic Link: This objective implements Goal III, Objective III.1 of the revised strategic plan: *Through the Health Standard activity to perform 100% of required state licensing and complaint surveys of healthcare facilities and federally mandate certification of health care providers participating in Medicare and/or Medicaid.*

L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1999-2000	ACTUAL YEAREND PERFORMANCE FY 1999-2000	ACT 11 PERFORMANCE STANDARD FY 2000-2001	EXISTING PERFORMANCE STANDARD FY 2000-2001	AT CONTINUATION BUDGET LEVEL FY 2001-2002	AT RECOMMENDED BUDGET LEVEL FY 2001-2002
S	Number of facilities out of compliance	Not applicable <sup>1</sup>	482	525	525	525	525 <sup>4</sup>
S	Number of facilities sanctioned <sup>2</sup>	Not applicable <sup>1</sup>	121	135	135	135	135 <sup>4</sup>
S	Number of facilities terminated <sup>3</sup>	Not applicable <sup>1</sup>	14	12	12	12	12 <sup>4</sup>
K	Percentage of facilities out of compliance	Not applicable <sup>1</sup>	13.2%	13.0%	13.0%	13.0%	13.0% <sup>4</sup>

<sup>1</sup> This performance indicator did not appear under Act 10 of 1999 and therefore has no performance standard for FY 1999-2000.

<sup>2</sup> Sanctions are remedies or penalties applied to facilities found out of compliance with state standards or federal regulations. Available sanctions include: termination of the provider agreement, denial of payment (Medicaid and/or Medicare) for new admissions, civil money penalties, state on-site monitoring (random or 24 hours), temporary management, transfer of residents/patients/clients, directed plan of correction, or directed in-service training.

<sup>3</sup> The number of terminated facilities (due to adverse action being taken against a facility found out of compliance) is difficult to determine because the state has no control over facilities that do not come back into compliance. This sections also encourages facilities to come back into compliance as this would be the best for Medicaid clients/patients under their care. Termination is invoked for continued failure to correct deficient practices.

<sup>4</sup> Figures in the Recommended Budget Level column reflect performance standards at a continuation level of funding. The Department of Health and Hospitals will, after sufficient time for analysis of the recommended budget, request an amendment to the Appropriations Bill to correct the performance standards.

**GENERAL PERFORMANCE INFORMATION: FACILITIES**

<b>PERFORMANCE INDICATOR</b>	<b>PRIOR YEAR ACTUAL FY 1995-96</b>	<b>PRIOR YEAR ACTUAL FY 1996-97</b>	<b>PRIOR YEAR ACTUAL FY 1997-98</b>	<b>PRIOR YEAR ACTUAL FY 1998-99</b>	<b>PRIOR YEAR ACTUAL FY 1999-00</b>
Total number of facilities (unduplicated)	3,931	3,973	4,022	3,772	3,659
Number of certified facilities	2,563	2,578	2,536	2,333	2,240
Number of licensed facilities	2,692	2,732	2,826	2,628	2,575
Number of facilities out of compliance	169	258	318	516	482

4. (KEY) Through the LaCHIP Program, to achieve 80% or greater enrollment of children (birth through 18 years of age) living below 200% of the Federal Poverty Level (FPL) who are potentially eligible for services under Title XIX and Medicaid expansion under Title XXI of the Social Security Act.

Strategic Link: This objective implements Goal IV, Objective IV.1 of the revised strategic plan: *To achieve 80% or greater enrollment of children (birth through 18 years of age) living below 200% of the Federal Poverty Level (FPL) who are potentially eligible for services under Title XIX and Medicaid expansion under Title XXI of the Social Security Act.*

Children's Cabinet Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Other Link(s): This objective is associated with Tobacco Settlement Funds through the Louisiana Fund.

Explanatory Note: Title XIX of the Social Security Act is a program of national health assistance funded by the federal government and the states. The program covers low-income individuals and their families who are aged, blind or disabled, and members of families with dependent children. Title XXI allow states to expand coverage of Medicaid health assistance to children who live in families with incomes up to 200% of the federal poverty level (FPL).

L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1999-2000	ACTUAL YEAREND PERFORMANCE FY 1999-2000	ACT 11 PERFORMANCE STANDARD FY 2000-2001	EXISTING PERFORMANCE STANDARD FY 2000-2001	AT CONTINUATION BUDGET LEVEL FY 2001-2002	AT RECOMMENDED BUDGET LEVEL FY 2001-2002
S	Potential eligibles below 200% FPL	Not applicable <sup>2</sup>	474,875	474,875	474,875	474,875	474,875 <sup>4</sup>
S	Number of children enrolled as Title XXI	Not applicable	33,497	39,075	50,362	61,650	61,650 <sup>4</sup>
S	Number of children enrolled as Title XIX	44,162	29,612 <sup>3</sup>	359,427	359,427	363,021	363,021 <sup>4</sup>
K	Total number of children enrolled	Not applicable <sup>2</sup>	63,109	398,502	409,789	424,671	424,671 <sup>4</sup>
K	Percentage of children enrolled	78.0%	79.5%	83.9%	86.3%	89.4%	89.4% <sup>4</sup>
S	Number of children remaining uninsured	Not applicable <sup>3</sup>	Not applicable <sup>2</sup>	76,373	65,086	50,204	50,204 <sup>4</sup>
K	Average cost per Title XXI enrolled per year	Not applicable <sup>2</sup>	Not applicable <sup>2</sup>	\$1,186	\$1,272	\$1,758	\$1,758 <sup>4</sup>
K	Average cost per Title XIX enrolled per year	Not applicable <sup>2</sup>	Not applicable <sup>2</sup>	\$950	\$950	\$998	\$998 <sup>4</sup>

<sup>1</sup> The number of potential eligibles is an estimate provided by Dr. Kenneth Thorpe, Tulane University School of Public Health, who was appointed to the Governor's Task Force on Children's Health Insurance.

<sup>2</sup> This performance indicator did not appear under Act 10 of 1999 and therefore has no performance standard for FY 1999-2000

<sup>3</sup> In FY1999-2000, the figure reported was the net increase in the number of Title XIX children enrolled. Beginning in FY 2000-2001, the figure being reported is the total number of Title XIX children enrolled. Using the latter methodology, the actual number for FY 1999-2000 is 344,127.

<sup>4</sup> Figures in the Recommended Budget Level column reflect performance standards at a continuation level of funding. The Department of Health and Hospitals will, after sufficient time for analysis of the recommended budget, request an amendment to the Appropriations Bill to correct the performance standards.



**GENERAL PERFORMANCE INFORMATION: LaCHIP ENROLLMENT**

<b>PERFORMANCE INDICATOR</b>	<b>PRIOR YEAR ACTUAL FY 1995-96</b>	<b>PRIOR YEAR ACTUAL FY 1996-97</b>	<b>PRIOR YEAR ACTUAL FY 1997-98</b>	<b>PRIOR YEAR ACTUAL FY 1998-99</b>	<b>PRIOR YEAR ACTUAL FY 1999-00</b>
Number of children enrolled as Title XXI	0	0	0	18,349	33,497
Number of children enrolled as Title XIX	Not available <sup>1</sup>	Not available <sup>1</sup>	313,764 <sup>1</sup>	337,459	344,127
Total number of children enrolled	Not available <sup>1</sup>	Not available <sup>1</sup>	313,764 <sup>1</sup>	355,808	377,624

<sup>1</sup> Reports for the 19 year olds and younger population are unavailable.

## RESOURCE ALLOCATION FOR THE PROGRAM

	ACTUAL 1999 - 2000	ACT 11 2000 - 2001	EXISTING 2000 - 2001	CONTINUATION 2001 - 2002	RECOMMENDED 2001 - 2002	RECOMMENDED OVER/(UNDER) EXISTING
MEANS OF FINANCING:						
STATE GENERAL FUND (Direct)	\$42,114,912	\$44,825,286	\$40,123,553	\$43,860,351	\$37,053,761	(\$3,069,792)
STATE GENERAL FUND BY:						
Interagency Transfers	0	0	0	0	0	0
Fees & Self-gen. Revenues	4,035,850	2,092,173	2,092,173	2,092,173	1,971,856	(120,317)
Statutory Dedications	985,909	209,627	209,627	0	0	(209,627)
Interim Emergency Board	0	0	0	0	0	0
FEDERAL FUNDS	56,190,507	64,196,910	70,245,385	89,086,573	85,632,451	15,387,066
<b>TOTAL MEANS OF FINANCING</b>	<b>\$103,327,178</b>	<b>\$111,323,996</b>	<b>\$112,670,738</b>	<b>\$135,039,097</b>	<b>\$124,658,068</b>	<b>\$11,987,330</b>
EXPENDITURES & REQUEST:						
Medical Vendor Administration	\$103,327,178	\$111,323,996	\$112,670,738	\$135,039,097	\$124,658,068	\$11,987,330
<b>TOTAL EXPENDITURES AND REQUEST</b>	<b>\$103,327,178</b>	<b>\$111,323,996</b>	<b>\$112,670,738</b>	<b>\$135,039,097</b>	<b>\$124,658,068</b>	<b>\$11,987,330</b>
AUTHORIZED FULL-TIME EQUIVALENTS: Classified	1,295	1,293	1,206	1,206	1,083	(123)
Unclassified	0	0	0	0	0	0
<b>TOTAL</b>	<b>1,295</b>	<b>1,293</b>	<b>1,206</b>	<b>1,206</b>	<b>1,083</b>	<b>(123)</b>

## SOURCE OF FUNDING

This program is funded with General Fund, Fees and Self-generated Revenues, and Federal Funds. Fees and Self-generated Revenue are derived from licensing and certification fees, third party liability collections and miscellaneous collections, such as document copies. Federal Funds represent the federal share of the cost to administer the Medicaid program. The Statutory Dedication in the Existing Operating is the Louisiana Fund payable out of funding received pursuant to the Master Settlement Agreement reached between certain states and participating tobacco products manufacturers in December 3, 1999 (R.S. 39:32B (8), see table below for a listing of expenditures out of each Statutory Dedication fund). The Federal Share varies by type of activity, but averages about 50% of the total Medicaid administrative cost.

	ACTUAL	ACT 11	EXISTING	CONTINUATION	RECOMMENDED	RECOMMENDED
	1999- 2000	2000 - 2001	2000 - 2001	2001 - 2002	2001 - 2002	OVER/(UNDER) EXISTING
Louisiana Fund	\$985,909	\$209,627	\$209,627	\$0	\$0	(\$209,627)

## ANALYSIS OF RECOMMENDATION

GENERAL FUND	TOTAL	T.O.	
<b>\$44,825,286</b>	<b>\$111,323,996</b>	<b>1,293</b>	<b>ACT 11 FISCAL YEAR 2000-2001</b>
			<b>BA-7 TRANSACTIONS:</b>
(\$4,701,733)	(\$4,701,733)	(87)	BA-7 transferred funding and positions to the DHH Office of the Secretary
\$0	\$48,475	0	Carry - forward
\$0	\$6,000,000	0	BA-7 to increase authority for the receipt of Title XIX federal funds
<b>\$40,123,553</b>	<b>\$112,670,738</b>	<b>1,206</b>	<b>EXISTING OPERATING BUDGET – December 15, 2000</b>
\$271,579	\$543,158	0	Annualization of FY 2000-2001 Classified State Employees Merit Increase
\$277,011	\$554,022	0	Classified State Employees Merit Increases for FY 2001-2002
\$8,705	\$17,410	0	Risk Management Adjustment
\$560,150	\$1,120,300	0	Acquisitions & Major Repairs
(\$745,731)	(\$1,491,462)	0	Non-Recurring Acquisitions & Major Repairs
\$0	(\$48,475)	0	Non-Recurring Carry Forwards
\$17,457	\$34,914	0	Rent in State-Owned Buildings
(\$2,168)	(\$4,336)	0	Maintenance of State-Owned Buildings
\$1,303,449	\$2,606,898	0	Salary Base Adjustment
(\$1,061,875)	(\$2,123,750)	(64)	Attrition Adjustment
(\$870,890)	(\$2,207,746)	(59)	Personnel Reductions
(\$731,387)	(\$1,462,773)	0	Salary Funding from Other Line Items
(\$8,209)	(\$16,418)	0	Civil Service Fees
\$2,530	\$5,060	0	State Treasury Fees
\$21,279	\$103,000	0	Other Annualization - LaChip caseload increase from 150% to 200% of the federal poverty level (FPL)
\$2,416,113	\$20,134,276	0	Other Annualization - Federally mandated Electronic Data Interchange to standardize <i>billing and coding</i>
(\$202,566)	(\$405,131)	0	Other Non-Recurring Adjustment - Reduction in cost allocation for offices co-housed with DSS
(\$300,000)	(\$600,000)	0	Other Non-Recurring Adjustment - Deferred purchases
(\$1,869,655)	(\$3,739,309)	0	Other Non-Recurring Adjustment - Reduction in professional services

\$209,627	\$0	0	Net Means Of Financing Substitutions - State General Fund substitution of Louisiana Fund for the LaChip Program
(\$1,849,057)	\$0	0	Net Means Of Financing Substitutions - Federal Fund substitution of State General Fund
(\$520,402)	(\$1,040,804)	0	Other Adjustment - Reduction to meet target dollars
\$4,248	\$8,496	0	Other Adjustment - Reallocation of cost for Health Standards New Orleans Regional Office
\$37,053,761	\$124,658,068	1,083	TOTAL RECOMMENDED
\$0	\$0	0	LESS GOVERNOR'S SUPPLEMENTARY RECOMMENDATIONS
\$37,053,761	\$124,658,068	1,083	BASE EXECUTIVE BUDGET FISCAL YEAR 2001-2002
			SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON NEW REVENUE:
\$0	\$0	0	None
\$0	\$0	0	TOTALSUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON NEW REVENUE
\$37,053,761	\$124,658,068	1,083	GRAND TOTAL RECOMMENDED

## PROFESSIONAL SERVICES

\$900,500	Audits of Title XIX Reimbursement to Hospitals
\$1,307,804	Audits of Title XIX Reimbursement to Long-term Care Facilities
\$1,301,312	Audits of Title XIX Reimbursement to Pharmacy Providers
\$118,471	Drug Utilization Review (DUR) Subsystem and disease management
\$300,000	Audit Consultant for ICAP assessment
\$200,000	Covington & Burling Litigation Costs
\$3,272,246	KID-MED Management Contract
\$32,540,765	Fiscal Intermediary Contract
\$91,220	Long Tern Care Quality of Care Assessment Consultants
\$483,664	Dental Claim Review and Authorization by the LSU School of Dentistry
\$15,000	SURS Medical Consultant - expert witness
\$1,597,140	Non-Emergency Medical Transportation
\$63,600	Eligibility Medical Examinations to Determine Disability of Applicants
\$101,900	Pharmacy survey and study by Myers & Stauffer
\$30,000	IBM Programmer Contract to maintain the Licensing and Certification programs on the Health Standards Mainframe
\$586,623	Third Party Liability Collection Contract
\$65,555	Medical Eligibility Determination Team
\$136,561	Nurse Aide Registry
\$10,000	Surveillance and Utilization Review Statistical Consultants
\$17,900	Independent Assessments performed under contract on Waiver programs approved under Section 1915 (b)(c) of the Social Security Act
\$449,668	Hospital Reimbursement Rate Re-basing Study Contract

\$120,000	Psychiatric consultants for admission review of long term patients
\$50,000	Northeast Louisiana University's School of Pharmacy serves as a reference point on drug utilization reviews
\$19,871,321	Electronic Data Interchange (EDI)
\$753,128	Transfer of document to digitalized format and WIS Data System Update
\$67,500	Families Helping Families - TEFRA Outreach Program
\$285,000	LaChip Outreach
\$78,167	Nurse Aide Training

**\$64,815,045 TOTAL PROFESSIONAL SERVICES**

## OTHER CHARGES

\$1,390,559	Contract with the University of New Orleans for Information Systems Services, Assessment and Training
\$315,939	Hepatitis B Vaccine
\$528,229	Administrative Costs of LaCHIP
\$99,098	Supplemental Security Income Field Office Eligibility Determination Information
\$832,418	Reimbursement to varying organizations serving as Medicaid Enrollment Centers
\$131,939	Employee Licensing Training for Nursing Homes, ICF/MRs, Hospital Homes Health Agencies and Dialysis Facilities
\$80,165	IRS Computer Matching Agreement - provides tax information on unearned income to help in administering the Title XIX program
\$55,847	Nurse Aide Testing to determine competency skills for certification

**\$3,434,194 SUB-TOTAL OTHER CHARGES**

### Interagency Transfers:

\$145,561	Civil Service Fees
\$248,014	Life Safety Code Inspections by the State Fire Marshall
\$32,288	Office of Public Health - Vital Records Registry
\$55,480	Division of Administration - forms management, postage and publishing
\$174,346	Supplies from the Department of Social Services Warehouse
\$217,747	Office of Public Health - Influenza Vaccine and Medical Supplies
\$1,754,855	Statewide Co-Housing of Staff with the Department of Social Services/ Office of Family Support Staff
\$19,084	Maintenance of State-Owned Buildings
\$113,358	Rent in State-Owned Building
\$134,882	LaCHIP School Nurse Coordinator and support personnel housed in the Department of Education
\$938,422	Payments to the Office for Citizens with Developmental Disabilities for Regional Transition Coordinators for clientele enrolling in the MR/DD Waiver program and for case management and slot monitoring of MR/DD Waiver Slots actually filled

**\$3,834,037 SUB-TOTAL INTERAGENCY TRANSFERS**

**\$7,268,231    TOTAL OTHER CHARGES**

## **ACQUISITIONS AND MAJOR REPAIRS**

**\$560,636    Funding for replacement of vehicles, office furniture and computer equipment**

**\$560,636    TOTAL ACQUISITIONS AND MAJOR REPAIRS**